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REVIEW OF THE SUCCESS OF THE 2001-2005 WORK PLAN OF THE GLOBAL NETWORK OF COLLABORATING CENTRES IN OCCUPATIONAL HEALTH

MARILYN FINGERHUT¹, EVELYN KORTUM²

ABSTRACT

The first Work Plan of the Global Network of WHO Collaborating Centers (CCs) in Occupational Health was initiated in November 2001, following input of the CCs to choose the 15 priority areas of work for the period 2001-2005. This article reflects upon the successes and limitations of the Work Plan, describes some of the products, and points out some 'lessons learned' that were incorporated into the 2006 - 2010 Work Plan that was adopted by the CCs at the Seventh Network Meeting in Stresa, Italy, in June 2006.

All 64 Collaborating Centers, three non-governmental organizations (International Commission on Occupational Health, International Occupational Hygiene Association and the International Ergonomics Association) and the International Labor Organization contributed 350 projects in the priority areas of the 2001-2006 Work Plan. An evaluation of the success of the Work Plan concluded that the working together of the CCs in a common Work Plan was successful and beneficial to nations and regions, and globally.

¹ Co-Coordinator, WHO Global Network of Collaborating Centers in Occupational Health (mfingerhut@cdc.gov)

² WHO Occupational Health Programme, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland (kortume@who.int)

INTRODUCTION

The WHO Global Network of Collaborating Centers (CCs) in Occupational Health has a broad and active membership that includes 64 CCs, and three non-governmental organizations (NGOs) in formal relations with WHO: the International Commission on Occupational Health (ICOH), the International Occupational Hygiene Association (IOHA), and the International Ergonomics Association (IEA) (1). The WHO occupational health staff in Geneva constitutes the Secretariat, and the International Labor Organization (ILO) is an active partner. The WHO Regional Advisers in Occupational Health promote the work of the Network at the level of the six WHO regions (the African, American, European, Eastern-Mediterranean, South-East Asian, and Western Pacific) and together with their local CCs. The coordinated and direct interactions among the members of the Global Network expand greatly the global reach of the Occupational Health Programme at WHO headquarters and the Occupational Health Programmes of the WHO Regional offices, since they contribute to implementing WHO's program priorities and support the strengthening of institutional capacity in countries and regions.

Three Maritime Centers are members of the WHO Global Network: the Institute of Maritime and Tropical Medicine in Gdynia, Poland; the Research Unit of Maritime Medicine at University of Southern Denmark; and the Central Institute for Occupational Medicine, Hamburg, Germany.

THE PURPOSE OF THE 2001-2005 WORK PLAN

The WHO Global Strategy on Occupational Health for All was approved by the WHO World Health Assembly in 1996³. It is this strategy that forms the basis of and motivates the activities of the WHO Global Programme in Occupational Health. As the years passed, interest grew at WHO and among the CCs to work more closely together to assist developing nations to improve occupational health and to achieve the goals of the Global Strategy on Occupational Health for All. At the 5th Network Meeting in Chiangmai, Thailand, in 2001, the Network committed itself to enhanced coordination of efforts specifically to achieve this objective. A global agenda of fifteen occupational health priority areas was set by the CC Directors, who committed to working in a common work plan to advance the Global Strategy on Occupational Health for All. A Task Force of volunteer CCs was created to work in each priority area. Every CC was expected to carry out at least one project that had immediate or potential benefit for

³ WHO, 1996 World Health Assembly Resolution WHA49.12, Agenda item 17, Annex 1.

developing nations, while also benefiting the country where the CC is located. A format for project entry was provided, and all projects suitable to a Task Force priority area were accepted and included in the Compendium of Activities of the WHO Collaborating Centres in Occupational Health for the Work Plan period 2001-2005.

The Compendium was printed periodically and was regularly updated on the WHO Occupational Health website.⁴ The priority areas and Task Forces were:

1. Technical guidance in occupational health
2. Intensive partnership in Africa
3. Child labor and adolescent workers
4. Elimination of silicosis
5. Health care workers
6. Health promotion activity
7. Psychosocial factors at work
8. Promotion of OS&H in small enterprises and in the informal sector
9. Prevention of musculoskeletal disorders
10. Preventive technology
11. Training of occupational health personnel
12. Internet resources and networks
13. National and local profiles and indicators
14. Economic evaluation
15. Global burden of disease

OVERVIEW OF THE PROJECTS IN THE 2001-2005 WORK PLAN COMPENDIUM

The Global CC Network 2001–2005 Work Plan contained an impressive range of about 350 national and international projects. It is difficult to provide an overview of such a richness of projects. Some were described in a special 2004 issue of the WHO Global Occupational Health Network Newsletter (GOHNET) (2):

- Twinning effort to provide industrial hygiene mentoring between colleagues from IOHA and a CC in South Africa (Task Force 2).
- The silicosis national plan in South Africa was established by ministries in South Africa, with encouragement and assistance of ILO and WHO CCs (Task Force 4).
- The document on psychological harassment was developed by CCs in Italy and Switzerland and reviewed and translated into French, Spanish and Japanese by CCs from within the Network (Task Force 7).

⁴ WHO Occupational Health website is www.who.int/occupational_health

- Training materials and courses were prepared by CCs in the United States, Sweden, Finland and South Africa (Task Force 11).
- The WHO cost-benefit and net-costs efforts were carried out by WHO staff and colleagues in CCs in the United States and India (Task Force 14).
- The WHO Global Burden of Disease effort was accomplished by WHO researchers and colleagues from CCs in the United States, Chile, and Australia (Task Force 15).

The summer 2004 issue of GOHNET was devoted to global achievements and pilot efforts that used the International Toolkit for Risk Management of Chemicals (also called 'control banding') of Task Force 10 (3). The winter 2005 issue of GOHNET was devoted to healthcare workers and includes a description of the pilot project of Task Force 5 and WHO in three countries to protect healthcare workers from needle stick injuries (4). The 2006 Issue of GOHNET describes the work of Task Force 7 to develop a Psychosocial Risk Management Toolkit (5).

EXAMPLES OF MARITIME PRODUCTS FROM THE 2001-2005 WORK PLAN

A compilation of final products of the 2001-2005 Work Plan is in progress. These will be published in a booklet and also posted on www.who.int/occupational_health/ later this year.

Products delivered are in the form of conferences that were organized on particular topics, booklets, books, chapters in books, journal articles, CD-ROMs, training courses, and so on. To avoid having to list only a small selection of the rich input received from CCs, we will state some examples of maritime products from our three CCs.

The Research Unit of Maritime Medicine at the University of Southern Denmark prepared scientific articles on International Surveillance of Seafarers' Health and Working Environment as a basis for the improvement of health and safety of seafarers globally.

The Central Institute for Occupational Medicine in Hamburg organized an international meeting/workshop on the prevention of new health risks of isocyanates.

The CC in Gdynia – the Institute of Maritime and Tropical Medicine of the Medical University of Gdansk, Poland, undertook postgraduate training courses in maritime occupational health to train the trainers. The materials published in the International Maritime Health have been used as a training aid for the postgraduate training of medical doctors in maritime occupational health.

(Editorial note: publishing this journal is one of the projects which was included in the 2001-2005 Work Plan, and it will be continued in 2006-2010).

REVIEW OF THE GLOBAL WORK PLAN

A review of the 2001-2005 Work Plan was carried out to assess the degree of success of the Task Force toward assisting developing countries, while also contributing to the individual countries of the CCs. All 64 Collaborating Centers had projects in the Compendium, making a total of 64 CCs (100%) contributing to the Work Plan⁵. It was concluded that five Task Forces had excellent success in achieving this objective, and eight Task Forces had adequate success. Two Task Forces had primarily a national focus and benefit.

Overall, the evaluation found that the Global Network of CCs in Occupational Health is unique in WHO, for its coherence, energy, and organization of contributions to a five-year Work Plan. Thus, the effort in 2001 to rejuvenate the Network of CCs and to encourage all to work together in priority areas was a success.

The potential impact of the truly international collaborative studies is greater than possible for single country studies. Therefore, the planning for the next Global Network 2006-2010 Work Plan emphasized the 'lessons learned' in this review of the first five-year Work Plan. In particular, it was determined that the new Work Plan should contain only multi-Center projects to ensure enhanced inter-center collaboration. The projects are required to have regional or global impact. The 2006-2010 Work Plan was approved by the CC Directors and the other CC representatives at the Seventh Network Meeting in Stresa, Italy in June, 2006 (6)

THE GLOBAL CC NETWORK PLAN 2006-2010

The new 2006 – 2010 Work Plan has a structure of six Activity Areas (AA) that are listed below. Each Activity Area is managed by a volunteer Manager whose time has been provided to WHO by the CC.

Activity Areas in 2006-2010 Work Plan

- AA1: Global situation analysis
- AA 2: Evidence for action, and national policies and action plans
- AA 3: Practical approaches to identify and reduce occupational risks
- AA 4: Education, training, and technical materials
- AA 5: Development and expansion of Occupational Health Services
- AA 6: Communication and Networking

⁵ The list of CCs is at http://www.who.int/occupational_health/network/directory05.pdf

The details of the WHO Global Network 2006-2010 Work Plan can be found at www.who.int/occupational_health/network/2006compendium/en/index.html.

CONCLUSIONS

The 2001 – 2005 Global Work Plan of the Network of WHO CCs in Occupational Health successfully focused the work of all 64 Collaborating Centers in 15 priority areas chosen by them to advance occupational health in individual nations, but particularly to assist developing nations. Of the 350 projects in 15 Task Forces, most had benefit in a single country, but some in several countries, and a few have broad international influence. This has been a successful ‘first time’ effort. Preparations by WHO and the Network to design the 2006 - 2010 Work Plan took into account the lessons learned from this review, hence ensuring the required dynamic for the work of the Network.

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